



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Yale University Health Services	
Doing Business As	Ambulatory Care Facility, Ambulatory Infirmary, Surgical Facility, Skilled Nursing Care Facility	
Name of Parent Corporation	Yale University	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	17 Hillhouse Avenue P.O. Box 208237 New Haven, CT 06520-8237	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Judith Madeux, APRN, MS, MPH - Deputy Director	

Contact person's street mailing address	17 Hillhouse Avenue New Haven, CT 06520-8237	
Contact person's phone #, fax # and e-mail address	Phone: 203-432-0077 Fax: 203-432-7289 Email: judith.madeux@yale.edu	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

### CT Scanner

b. Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- ☐ New (F, S, Fnc)      ☐ Replacement      ☐ Additional (F, S, Fnc)  
☒ Expansion (F, S, Fnc)      ☐ Relocation      ☐ Service Termination  
☐ Bed Addition      ☐ Bed Reduction      ☐ Change in Ownership/Control
- ☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☐ Project expenditure/cost cost greater than \$ 1,000,000  
☒ Equipment Acquisition greater than \$ 400,000  
☒ New      ☐ Replacement      ☐ Major Medical  
☒ Imaging      ☐ Linear Accelerator
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

- c. Location of proposal (Town including street address):  
**17 Hillhouse Avenue, New Haven, CT 06520-8237**
- d. List all the municipalities this project is intended to serve: **New Haven and surrounding towns**
- e. Estimated starting date for the project: **June / July 2006**
- f. Type of project: **20** (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$1,300,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$200,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$1,100,000
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$1,300,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$1,300,000</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
CT Scanner			1	

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT**

Applicant: Yale University Health Services

Project Title: CT Scanner

I, Paul Genecin, MD, Director (CEO)  
(Name) (Position – CEO or CFO)

of Yale University Health Services being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Yale University Health Services complies with the  
(Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Paul Genecin  
Signature

5/10/06  
Date

Subscribed and sworn to before me on May 10th, 2006

Cheryl L. Patnaude  
Notary Public/Commissioner of Superior Court

My commission expires: December 31, 2009

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

## SECTION IV. PROJECT DESCRIPTION

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The YUHS is a multi-specialty group practice that, in addition to delivering traditional student health services, provides comprehensive health care services to over 31,000 Yale University faculty, staff, students, and dependents. Founded in 1971 as the State of Connecticut's first managed care organization, the YUHS' health plan is the only University-sponsored health benefit plan offered to Yale students and serves as the foundation of the University's faculty and staff health benefit program, enrolling nearly 75% of Yale employees. YUHS is owned and self-insured by Yale University and is licensed by the Department of Public Health to provide ambulatory care, ambulatory surgery, long term/infirmity care, and pharmacy services.

YUHS members have access to on-site ambulatory and urgent care and long-term care / infirmity services 24-hours a day, seven days a week. On-site radiology services including plain film, fluoroscopy and ultrasound are an integral part of our health plan. The proposed CT scanning services will allow us to provide this modality on-site as well.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

YUHS proposes to install a CT scanner which will be used for our 31,000 members.

YUHS will not be seeking additional licensure.

3. Who is the current population served and who is the target population to be served?

As an employer-owned staff model HMO, YUHS serves only Yale University staff, faculty, students and dependents. YUHS has sustained a constant growth of approximately 2%/year in the past five years, and we project continued membership growth in this range in coming years. The large majority of our members live in the vicinity of New Haven, CT.

4. Identify any unmet need and how this project will fulfill that need.

CT scanning has emerged in recent years as a primary care diagnostic modality



as well as a tool for specialists in hospital settings. YUHS' ability to offer routine CT scanning on-site would comport well with our model of single-site, comprehensive care and meet current ambulatory practice standards and patient expectations. In addition, YUHS inpatients and Urgent Care patients will have access to this diagnostic modality without the delays and discomfort associated with ambulance trips to and from off-site imaging centers. Seamless integration of diagnostic services within our facility will promote appropriate utilization of health care resources and continuity of care. The direct transfer of imaging information to the electronic medical record will expedite reporting to clinicians and decrease the potential for error thus improving patient safety and quality of care. Because the on-site CT scanner operation will reduce YUHS' cost per study, savings will be generated and reflected in the health care premiums paid by Yale University and individual members.

Our partnership with Yale Diagnostic Radiology offers Yale medical researchers the opportunity to use our CT scanner during unscheduled off-hours for clinical investigation. This function supports the research mission of Yale University.

5. Are there any similar existing service providers in the proposed geographic area?

Hospitals and other imaging centers in the Greater New Haven area offer CT scanning technology.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The CT scanner will offer increased access to on-site radiology testing for our members. Our Urgent Care department and our Inpatient Unit will be able to provide more extensive patient evaluations on-site which will reduce delay, discomfort and fragmentation of patient care and decrease YUHS' need for ambulance services to transport our inpatients and ambulatory urgent cases to and from alternate imaging facilities. YUHS' operation of an on-site CT facility should diminish some of the urgent but non-emergent patient load for the Emergency Department of Yale New Haven Hospital. It may also modestly reduce the ambulatory CT scanning performed on our patients at Yale New Haven Hospital and other local diagnostic radiology facilities.

7. Who will be responsible for providing the service?

YUHS in collaboration with Yale Diagnostic Radiology will be responsible for providing these services.

8. Who are the payers of this service?

Yale University is the payer of this service.